

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V09100

1. Entity Name

SJ TAMPA BAY FOOD, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90040 035 ***150.00

Principal Place of Business

Mailing Address

C/O SAKKIO JAPAN
95 ROYAL CREST CT. UNIT 5
MARKHAM ONTARIO L3R 9X5 CAN 33313

95 ROYAL CREST CT
UNIT 5
MARKHAM ON L3R 9
US

2. Principal Place of Business

3. Mailing Address

Tampa Bay Center

95 Royal Crest Court

Suite, Apt. #, etc.

Suite, Apt. #, etc.

3302 West Buffalo Ave.

Unit #5

City & State
Tampa, FL

City & State
Markham, Ontario

4. FEI Number

65-0313559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip
33607

Country
USA

Zip
L3R 9X5

Country
Canada

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHOMPOONICH, EDDY
11803 NW 13TH ST
PEMBROKE PINES FL 33026

Name

Richard Ko

Street Address (P.O. Box Number is Not Acceptable)

6326 Grand Bahama Circle, Suite G

City
Tampa

FL

Zip Code
33615

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Richard Ko

Mar 20, 2000

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Delete
NAME CHOMPOONICH, EDDY
STREET ADDRESS 11803 NW 13TH ST
CITY-ST-ZIP PEMBROKE PINES FL

TITLE PD ☐ Change ☒ Addition
NAME Richard Ko
STREET ADDRESS 6326 Grand Bahama Circle, Suite G
CITY-ST-ZIP Tampa, FL 33615

TITLE VSD ☐ Delete
NAME CHIM, DANIEL
STREET ADDRESS 16 PERDUE CT
CITY-ST-ZIP MARKHAM ON

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Daniel Chim

Mar 20, 2000

905-474-0710

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/93)